Correspondence

Patients' Life-styles and Health Care Costs

To THE EDITOR: The May 1980 issue of the WESTERN JOURNAL contains several articles upon which I wish to comment. First, in regard to the article on preventive medicine by Dr. Chris Holmes and the related editorial, disease prevention and preventive medicine are concepts which *every* physician must concern himself with, if he is to practice good medicine. Most physicians do concern themselves with these concepts. They too often are wrongfully charged with practicing *only* curative medicine by those who do not understand what they are talking about. The problem facing the average physician is that many disease prevention measures relate to factors substantially beyond the control of the individual physician. They require societal and individual patient action.

Physicians can and do point out life-style measures that may make for less morbidity and mortality, but they cannot force people to smoke less, drink less, avoid drug abuse, eat more prudently, use less salt, enact fluoridation, exercise, use their seatbelts, avert unwanted conception, immunize their children, adopt effective and comprehensive health education curricula in their school districts, and so forth. Perhaps more physicians should take stronger roles in the community and spend more time educating and encouraging their patients and political leaders. I think they should—but, thus far, society has been slow to adopt what is being proposed. This is an issue that will always be with us—one hopes to a lesser degree in the future.

Health care cost containment (as discussed in the special symposium in the same issue) is another matter where physicians are continuously placed on the defensive. To suggest that physicians control 70 percent to 80 percent of personal health care expenditures (as stated elsewhere and quoted in the article by Sammons) is nonsense. It is the patient and his family who determine their own life-styles and who decide to seek health care. Life-style factors and the inevitable aging process are the major determinants of health care need and costs. A physician's ability to affect health care costs is in reality rather modest.

Once a patient comes to a physician's or hospital's door, he must be seen; fractures must be set; arthritis, cancer, diabetes, heart attacks and strokes must be treated; babies must be delivered; some of the aged must be placed in nursing homes and the dying must be attended to. Most of the protocols for dealing competently with these situations are fairly well established and, on a community-wide basis, careful physician attention to costs might shade those under their control by 5 percent to 10 percent at the most. Far more significant cost savings *on an age-specific basis* could be achieved by patient and community adoption of healthier life-styles. However, overall costs in such cases would continue to increase— the Fountain of Youth remains to be discovered.

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Unsolicited Advice for the Pharmaceutical Industry

To THE EDITOR: My recent comments in the journal (Pill Packaging, Correspondence, May 1980) have been so enthusiastically received I have decided to favor the drug industry with another suggestion. Rather than simply placing an expiration date on a pharmaceutical product in accordance with federal code, *color code the date.*

A *red* date would imply that the product can become toxic with age. A date printed in *blue* ink would indicate that the product may become impotent with age and a *green* ink date would mean the product can be damaged by fire, flood, abrasion, traction, compression, etc. *Black* ink